

To: \_\_\_\_\_ of \_\_\_\_\_

Clerk, \_\_\_\_\_ School District No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ County, State of Montana

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## OATH OF OFFICE

<hr/> Print newly elected Trustee's Name	<hr/> Signature of newly elected Trustee
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<hr/> Print County Superintendent's Name	<hr/> Signature of County Superintendent
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20-20-416 and 20-3-307, MCA